



# SARS-2 Transitional Operations Program (STOP)

## Contractor COVID-19 Return to Work Policy

1	11/20/2020	Issued for Use	Valerie Murray	Ian Moore
0	9/28/2020	Issued for Use	Valerie Murray	Christie Subirats
Rev	Date	Document Status	Custodian/Owner-Name	Authority-Name

<b>Document Number:</b>	2400-T2-HS-HSE-0005	<b>Document Title:</b>	Contractor COVID-19 Return to Work Policy
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FOR PROCESSING**

**AMENDMENT RECORD**

Amendment Date	Revision Number	Amender Initials	Amendment Description
9/28/2020	0	PMB	Issued for Use
11/20/2020	1	PMB	Section 1, Revised reference to from BP internal mobilization procedure to Pre-mobilization one pager for contractors

**INFORMATION RECORD**

<b>Authority Title:</b>	Operations Manager - STOP
<b>Custodian Title:</b>	Medical Coordinator - STOP
<b>Original Issue Date:</b>	9/28/2020
<b>Next Review Date (if applicable):</b>	N/A
<b>Function:</b>	GOO
<b>OMS Sub Element:</b>	4.1 Procedures and Practices
<b>Retention Code:</b>	AUD020
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## 1 Summary

bp has instituted measures to prevent the spread of COVID-19 on our offshore platforms and other facilities. bp GoM has case management and fitness for duty expectations with regards to personal and work-related illnesses and medical conditions occurring offshore and while off-work. Return / Clearance to work requirements apply to contractors working on behalf of bp. If these requirements are not followed, there may be delays in offshore travel or denial in offshore access.

Return to work requirements must be met for individuals to begin the mobilization process outlined in **2400-T2-HS-PR-0003 Pre-Mobilization One Pager for Contractors**.

## 2 What are the requirements for Returning to Work?

- Individuals with suspected COVID-19 symptoms who have not been COVID-19 tested or diagnosed, can return to work under the following conditions:
  - At least 3 days (72 hours) have passed since resolution of symptoms, including fever & gastrointestinal (GI) symptoms AND at least 10 days have passed since symptoms first appeared
- Individuals that are confirmed COVID-19 Positive, but have no symptoms can return to work under the following conditions:
  - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming symptoms have not developed since that test.
- Individuals who are confirmed COVID-19 Positive and who have become mildly or moderately ill, but who did not require hospitalization, can return to work after meeting the following conditions:
  - At least 3 days (72 hours) have passed since resolution of symptoms, including fever & GI symptoms AND at least 10 days have passed since symptoms first appeared AND medical records have been reviewed by bp Medical
- Individuals who (1) are confirmed COVID-19 positive AND (2) require hospitalization because of COVID-19 OR (1) are confirmed COVID-19 positive AND (2) have conditions that may weaken the immune system as defined by the CDC:
  - Review by bp Medical and not to return for 21 days from symptom onset AND resolution of fever without the use of fever-reducing medications and AND improvement in respiratory symptoms (e.g., cough, shortness of breath) AND negative results of a SARS-CoV-2 RNA PCR test from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)

## 3 Occupational Health Nurse/Case Manager Contacts

Returning to work requirements apply to all individuals who have either (1) tested positive for COVID-19 or (2) have had suspected COVID-19 symptoms as outlined in Section 2. Requests must be submitted to the contacts listed below:

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- **Ronda Weiss** at [COVIDGOM@chr.com](mailto:COVIDGOM@chr.com)
- Christina Hegman at [Christina.Hegman@bp.com](mailto:Christina.Hegman@bp.com)

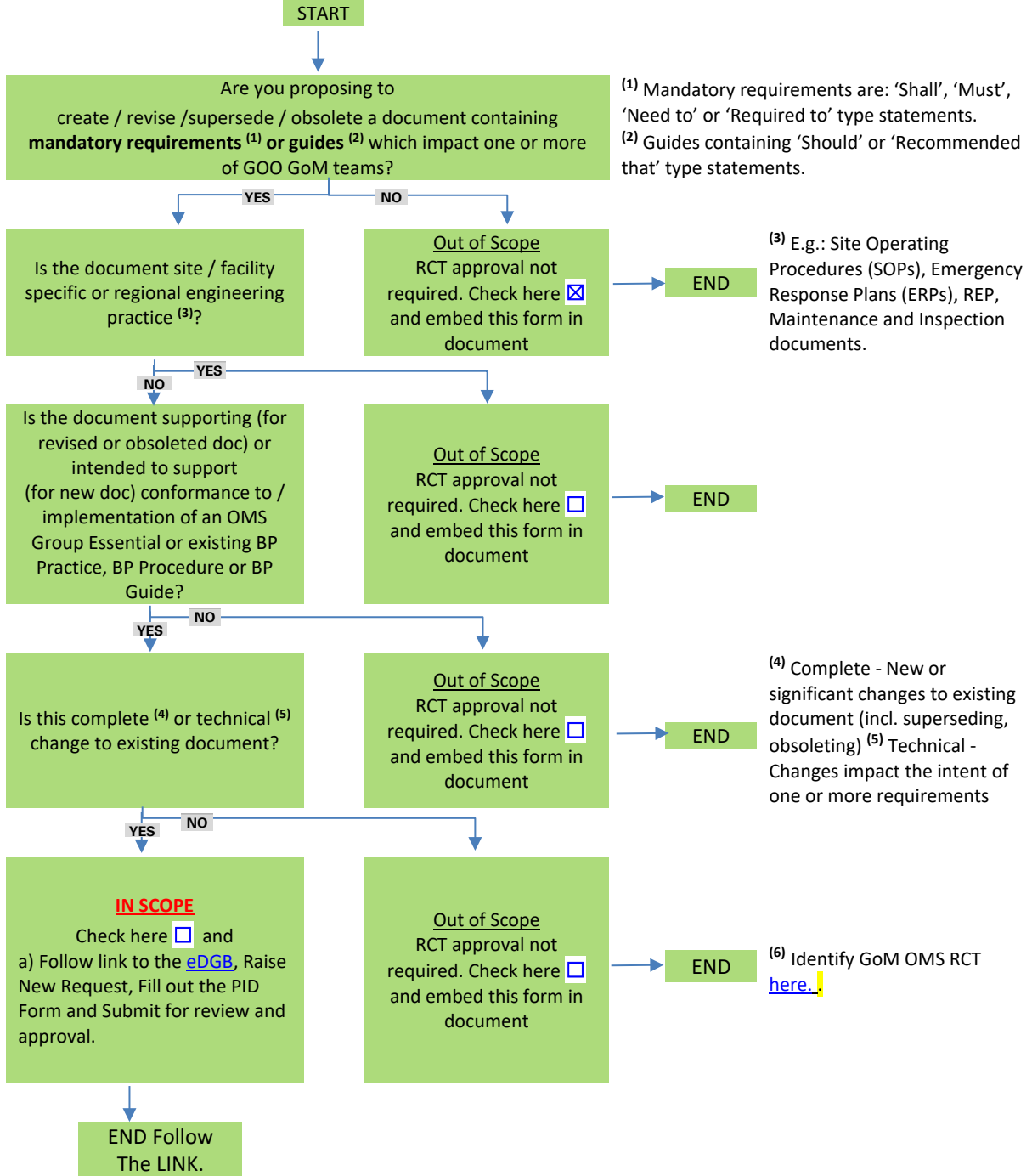
Case Managers will work with GoM Health Team to review medical records and confirm return to work requirements have been met.

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**Refer to GOO GoM Management of Change Procedure for list of critical documents and additional guidance.**

Document Details			
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<b>Next Review Date</b>	N/A		
<b>Document to be Added/Removed - OMS Navigator</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OMS Sub-Element</b>	4.1 Procedures and Practices
<b>Reason for Issue:</b> (check applicable)	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revise	<input type="checkbox"/> Supersede <input type="checkbox"/> Obsolete

### Document Sign Off

	Print Name & Title	Signature	Date
<b>Reviewer(s)</b> (if not applicable, put N/A in front of Name & Title, then sign and date)	<b>Farley Burge, Legal</b>	<small>DocuSigned by:</small> <i>Farley Burge</i>	30 November 2020
	<b>Catherine Kozeluh, STOP Onshore Site Manager</b>	<small>DocuSigned by:</small> <i>Catherine M Kozeluh</i>	30 November 2020
<b>Training Completed</b> (if not applicable, put N/A in front of Name & Title, then sign and date)	<b>N/A</b> <b>Valerie Murray, STOP Medical Coordinator</b>	<small>DocuSigned by:</small> <i>Valerie Murray</i>	10 December 2020
<b>Communication Completed</b> (if not applicable, put N/A in front of Name & Title, then sign and date)	<b>Valerie Murray, STOP Medical Coordinator</b>	<small>DocuSigned by:</small> <i>Valerie Murray</i>	10 December 2020
<b>Custodian – (Name &amp; Title, then sign and date)</b>	<b>Valerie Murray, STOP Medical Coordinator</b>	<small>DocuSigned by:</small> <i>Valerie Murray</i>	10 December 2020
<b>Authority – (Name &amp; Title, then sign and date)</b>	<b>Ian Moore, STOP Operations Manager</b>	<small>DocuSigned by:</small> <i>Ian Moore</i>	10 December 2020
<b>Document Posted – (Name &amp; Title, then sign and date)</b>	<b>Debe Edwards, IMDC Document Controller</b>	<small>DocuSigned by:</small> <i>Debra Edwards</i>	30 November 2020

#### Other Instructions & Comments

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